

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/03/2013	
NAME OF PROVIDER OR SUPPLIER COUNTRY CHARM				STREET ADDRESS, CITY, STATE, ZIP CODE 3177 MERIDIAN PARKE DR GREENWOOD, IN 46142			
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: July 1, 2, and 3, 2013.</p> <p>Facility number: 011478 Provider number: 011478 AIM number: N/A</p> <p>Survey team: Dinah Jones, RN-TC Marcy Smith, RN</p> <p>Census bed type: Residential: 86 Total: 86</p> <p>Census payor type: Other: 86 Total: 86</p> <p>Sample: 7</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on July 08, 2013; by Kimberly Perigo, RN.</p>		R000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R000148	<p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows:</p> <p>(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.</p> <p>(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.</p> <p>(3) All plumbing shall function properly and comply with state plumbing codes.</p> <p>(4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation and interview, the facility failed to ensure a trash dumpster was covered and the ground surrounding the dumpster was free of debris. This had the potential to affect 86 of 86 residents residing in the facility.</p> <p>Findings include:</p> <p>On 7/2/13 at 10:00 a.m., a dumpster, located outside the kitchen's exterior door, was observed to have one of two lids not closed. The dumpster was filled to capacity and a large bag of trash was propping the right side lid open, keeping the lid from completely</p>	R000148	<p>To ensure the trash dumpster is covered and the ground surrounding the dumpster is free of debris the Dietary Manager is assigning the cleaning of dumpster area to a dietary aide each day. Dietary Manager also did an inservice on proper trash disposal that covered the breaking down of boxes to prevent the lid from being held open and assuring that the lid to the dumpster is closed at all times. Follow up will be done by the Maintenance Manager and the Executive Director's morning walk throughs.</p>		07/16/2013		

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	<p>closing.</p> <p>During the same observation, the ground behind the dumpster was observed to have a pile of wet trash in the back, right corner of a fence that surrounded three sides of the dumpster. Two styrofoam food containers, a fast food wrapper, two plastic drinking straws, three plastic bags, multiple paper napkins, a food storage plastic baggie, three cotton-tipped swabs, and a plastic glove were observed in the pile of wet trash.</p> <p>During an observation of the dumpster on 7/2/13 at 10:30 a.m., with the General Manager, she indicated, "the dumpster is suppose to be completely covered." She indicated, the pile of trash in the corner of the fence, behind the dumpster, was, "not acceptable."</p>						

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R000154	<p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the rinse temperature of the dishwasher was hot enough to sanitize dishes, according to the manufacturer's instructions, for 3 of 3 observations. This had the potential to affect 86 of 86 residents residing at the facility.</p> <p>Findings include:</p> <p>During an observation on 7/1/13 at 9:40 a.m., the facility dishwasher was observed to have instructions on the front of the appliance which indicated, "Hot Water Sanitizing...rinse temperature 180 [degrees] F. (Fahrenheit)."</p> <p>At that time, the Dietary Manager indicated they used the hot water method for dish sanitation. During 3 demonstrations at that time, by the Dietary Manager, the dishwasher rinse cycle did not reach 180 degrees F. The Dietary Manager indicated at that time she had checked the temperature of the rinse cycle earlier</p>	R000154	<p>To assure the rinse temperature of the dishwasher was hot enough EcoLab was called to service the dishmachine. The temperature was found to be correct but the tempeature probe was not reading it correctly. A bleach additive was added to the wash until a new probe could be installed. The new probe had to be ordered and was recieved and installed on 7/5/13</p>		07/05/2013		

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	<p>that morning, and on 2 attempts it had not reached 180 degrees F., but it finally did on the 3rd attempt. She indicated the rinse temperature varied a lot. She indicated if she hit the reset button, the dishwasher would usually go up to 180 degrees F., as specified by the manufacturer.</p> <p>During an observation on 7/2/13 at 9:15 a.m., the Dietary Manager put the dishwasher through 3 rinse cycles. At that time, 2 of the three rinse cycles did not reach 180. The third cycle reached 180 for approximately 1 second. The Dietary Manager indicated at that time the appliance representative had checked the dishwasher on 7/1/13, and he had indicated to her the rinse cycle temperature was "at least 160 degrees F., and it was okay." He indicated the machine needed a new temperature probe and he had ordered one.</p> <p>During an observation with the appliance representative on 7/2/13 at 2:00 p.m., he ran the rinse cycle 3 times. The rinse temperature gauge indicated temperatures reached 180 degrees F. for approximately 1 second during one of the cycles. The other 2 cycles indicated temperatures of 130 degrees F., to 170 degrees</p>						

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	<p>Fahrenheit. The representative indicated at that time the dishwasher needed a new temperature probe.</p> <p>During an interview with the Dietary Manager on 7/2/13 at 2:50 p.m., she indicated the facility was temporarily using chlorine chemical sanitation to sanitize their dishes until the temperature probe on the dishwasher could be replaced. She indicated the probe was scheduled to be replaced on 7/3/13. She indicated the manufacturer's representative had given her some test strips to check the amount of chlorine chemical sanitation going into the dishwasher and it was the right amount.</p> <p>During an observation on 7/3/13 at 9:20 a.m., the chemical sanitation was checked and it read 50 ppm. The manufacturer's recommendations on the test strip container were 50 ppm.</p> <p>During an interview with the Dietary Manager on 7/3/13 at 9:20 a.m., she indicated all residents residing in the facility eat food prepared in the kitchen.</p> <p>A review of a "Dining Services Dish Machine Wash and Rinse Temperature Log" for June, 2013,</p>						

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	indicated the rinse temperatures were checked 3 times per day. It indicated out of 90 rinse temperature checks, the rinse temperature reached 180 degrees F. only 44 times.						

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R000217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interview, the facility failed to ensure a resident's feeding/nutrition service plan was followed and revised for significant weight loss for 1 of 5 service plans reviewed. (Resident #36)</p>	R000217	To ensure that a resident's service plan is followed and revised for significant weight loss the Director of Nursing has implimented a new policy that each resident is weighed monthly and the wights are recorded in the resident's charts. Should a resident become " At Risk" for wight loss/gain, the weight is		07/12/2013		

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	<p>Findings include:</p> <p>The clinical record of Resident #36 was reviewed on 7/1/13 at 12:30 p.m.</p> <p>Diagnoses for Resident #36 included, but were not limited to dementia, gastroesophageal reflux disease, and adult failure to thrive.</p> <p>Review of a service plan for Resident #36, dated 1/31/12, indicated she was to be weighed daily (due to congestive heart failure) and monitored for significant weight loss/gain.</p> <p>A recapitulated physician's order for June, 2013, with an original date of 6/21/12, indicated Resident #36 was supposed to be weighed every week.</p> <p>Review of a service plan for Resident #36, dated 1/8/13, indicated she was to be weighed weekly and monitored for significant weight loss/gain.</p> <p>Medication Administration Records for Resident #36 indicated she was weighed on the following dates:</p> <p>8/20/12: weight 107.6</p> <p>No weights in September, 2012</p>		<p>monitored on a more frequent basis as directed by the physician, dietician, nursing supervisor or Diertor of Nursing. At this time there will be a service plan review and service plan will be updated. The resident's name will be added to the list to be seen by the dietician on a quarterly basis. The Director of Nursing has established a schedule for weighing each resident each month. The Director of Nursing has established a schedule for weighing "At Risk" residents on a more frequent basis. A staff member has been assigned to record the monthly weights on the "Residents' Monthly Weights Sheet". The weight menasurements on the "Resident's Monthly Weights Sheets" are then transferred by an assigned staff member into the individual resident charts. If the staff member notices a significant change in the measurement (5# or more) the nurse will be notified. The "Residents' Monthly Weights Sheets" will be placed in a weight log binder.</p>				

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	<p>10/1/12: weight 104 10/8/12: weight 103.8</p> <p>11/5/12: weight 99.8 11/26/12: weight 94.4</p> <p>12/3/12: weight 96.4 12/10/12: weight 96.6 12 17/12: weight 94.9 12 31/12: weight 94.4</p> <p>1/21/13: weight 95.6</p> <p>2/4/13: weight 94.8 2/11/13: weight 94.2 2/18/13: weight 93.4 2/25/13: weight 95.4</p> <p>3/4/13: weight 90.2 3/11/13: weight 88.6 3/18/13: weight 87.2 3/25/13: weight 87.3 3/29/13: weight 84.4</p> <p>Between 8/20/12 and 11/26/12, Resident #36 lost 13.2 pounds. (lbs.) This was a 12% loss in 3 months, which is a significant weight loss.</p> <p>Between 10/1/12 and 12/31/12, Resident #36 lost 9.6 lbs. This was a 9% loss in 3 months, which is a significant weight loss.</p> <p>Between 3/4/13 and 3/29/13,</p>						

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	<p>Resident #36 lost 5.8 lbs. This was a 6% loss in 25 days, which is a significant weight loss.</p> <p>On 12/3/13, a physician's order indicated Resident #36 was supposed to receive ice cream protein shakes as a supplement, "daily, related to weight loss."</p> <p>On 12/6/13, a physician's order indicated the protein shakes were to be discontinued due to resident refusals of the shakes.</p> <p>Review of a nurses' note for 12/10/12, indicated due to the residents weight loss and pain issues, Hospice would be consulted.</p> <p>There was no documentation in Resident #36's record which indicated the facility dietician had been made aware of her weight losses. There was no other documentation in the resident's record which indicated any other interventions had been attempted, or the facility was even aware of her weight loss prior to 12/3/13, when the protein shakes were ordered.</p> <p>Further information was requested from the General Manager on 7/1/13 at 3:00 p.m., regarding any other</p>						

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	<p>weekly weights done in August, September, October, 2012, and January, 2013. Also requested at that time were any dietary or dietitian notes regarding Resident #36's significant weight losses, or any nursing notes, (other than the one written 12/10/12) recognizing and addressing the weight losses.</p> <p>On 7/2/13 at 10:00 a.m., the General Manager indicated she had not been able to find any further weights or documentation by the dietary department or nursing regarding Resident #36's weight losses.</p> <p>During an interview with the Director of Nursing on 7/2/13 at 3:00 p.m., she indicated the Certified Nursing Assistants do the weights, and then she and the supervisors reviewed the charts to make sure the weights got done. She indicated she did not know who monitored the weights for weight losses. She indicated the dietitian comes every 3 months and consults on a resident, if the dietitian is made aware of a problem.</p> <p>Review of a facility policy, dated 10/2010, received from the General Manager on 7/2/13 at 2:50 p.m., titled, "Monthly At-Risk Weights," indicated, "...3. The staff member</p>						

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	assigned to weigh the resident will record the weight measurement on the 'Residents' Monthly Weights Sheet.'...4. If the staff member responsible for weighing the resident notices a significant change in the measurement, the nurse will be notified."						

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R000273	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, record review, and interview, the facility failed to ensure an employee preparing food followed appropriate hand washing procedures. This had the potential to affect 86 of 86 residents residing at the facility. (Cook #1)</p> <p>Findings include:</p> <p>During an observation of meal preparation on 7/2/13, the following was observed:</p> <p>9:55 a.m. Cook #1, wearing gloves, opened the door of a refrigerator, removed unpackaged celery, took it to the prep table, and chopped it up with a knife. He then placed the chopped celery in a bowl with his gloved hands, returned to finish chopping, picked up the celery scraps, lifted the lid of the trash can with his right hand and placed the celery scraps in the trash. He returned to the celery bowl on the prep table, picked it up with both hands, carried it to the sink and rinsed the celery under running water,</p>	R000273	<p>To ensure that all dietary employees followed appropriate hand washing procedures an in service was held on hand washing & food handling where each employee reviewed proper hand washing and reviewed proper handling of food and use of gloves and changing of gloves. Proper procedures of handwashing and food handling will be monitored by daily checks by the manager or supervisor in charge to ensure proper procedures are being followed daily.</p>		07/12/2013		

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	<p>using his right gloved hand to move the celery around under the water.</p> <p>He retrieved an onion from the storage room and placed it on the prep table, began slicing it (touching the onion with both of his gloved hands), picked up the lid on the trash can again with his right hand, returned to the prep table and continued to slice the onion, touching it with both hands.</p> <p>10:10 a.m. Cook #1 removed his gloves and washed his hands for 5 seconds, applied new gloves and returned to chop more onion. Then he removed his gloves, sanitized the counter with a sanitizing cloth, lifted the trash can lid with his right hand, and wiped his hands with paper towels.</p> <p>10:15 a.m. Cook #1 put gloves on, removed foil over a bowl of cubed potatoes, retrieved a bowl from the dishwashing/storage room and brought it to the prep table, picked up the potato cubes with his gloved hands and transferred them to the new bowl. At that time, he removed his gloves and put on new ones. He added the onions to the cubed potatoes, pulled his glasses out of his pocket, put them on to read</p>						

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>directions, removed the glasses and put them back in his pocket and added celery to the cubed potatoes. He went into the dining room to retrieve several small blue packets of sugar, returned to the kitchen without gloves, applied new gloves, put on glasses, removed glasses, added celery and onions to the bowl of potatoes and stirred the contents.</p> <p>An undated facility policy, titled, "When Must I Wash My Hands," received from the Dietary Manager on 7/2/13 at 11:50 a.m., indicated, "...Before applying plastic gloves...Before Handling Food...After handling garbage..."</p> <p>An undated facility policy, titled, "Handwashing Check Off Sheet," received from the Dietary Manager on 7/2/13 at 11:50 a.m., indicated, "Procedure...Wash hands well for approximately 15 seconds..."</p> <p>During an interview with the Dietary Manager on 7/2/13 at 10:30 a.m., she indicated kitchen staff were supposed to wash their hands before and after putting on gloves.</p> <p>During an interview with the Dietary Manager on 7/3/13 at 9:20 a.m., she indicated all residents residing in the</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	facility eat food prepared in the kitchen.						